U.S. Department of Labor Officé of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This recort is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	in criminal prosecution, lines, or civil penalues as provided by 29 U.S.C 439 or 440.			
S Rec'd The INSTRUCTIONS CAREEN	LLY BEFORE PREPARING THIS REPORT.			
E READ THE INSTRUCTIONS CAREFO	•			
1. File Number U - 7886	2. Fiscal Year Covered From:			
	1 / 2004 Through: 12 / 31 / 2006			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Joshun E Goodstadt	Name NFLPA/Players lac			
	Labor Organization File Number 06 5533			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 202) L St NW	Street 2021 L 5+ WW			
City Washington	City Washington			
State DL ZIP Code + 4 2003 6	State D L ZIP Code + 4 20036			
5. Position in labor organization. ASST VP				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				

Form LM-30 (2003)

763 1276 Telephone Number

Name of Person Filling Joshua E. Goods	tad t	FBe Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	······································		
Name Donruss Play off					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 2300 E. Rayda M:11 Rd	c. Employer				
City Aclington					
State TX ZIP Code +4 76711 6333					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealer				
Name	License Agru	most - The d	to what will		
Trade Name, if any:	this dealing million. It ascertain to	is in EXCLS	5 of 01.6 1 to		
P.O. Pay Pide Down No. 5 and	ascertain to	is known	due to		
P.O. Box, Bldg., Room No., if any	time and confidentiality restrains				
Street	11.b. Approximate dollar vatur	of such dealing.			
City	12.a. Nature of interest held	or income received.			
State ZiP Code + 4	Dinner				
	1				
	12.b. Amount.		50.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				